



Received & Inspected

JUN 02 2015

FCC Mail Room

Honorable Tom Wheeler, Chairman  
Honorable Mignon Clyburn, Commissioner  
Honorable Jessica Rosenworcel, Commissioner  
Honorable Ajit Pai, Commissioner  
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

EX PARTE OR LATE FILE?

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Support Services of PMH Medical Center ("Hospital"). Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Prosser, a rural area in Washington State. The primary hospital building is 2 stories tall, and our wireless telemetry system is installed throughout the building, including 25 patient rooms as high as the 2<sup>nd</sup> story of the hospital. Our hospital was originally built in 1947 and underwent a major remodel in 1995 and features wide glass windows in all patient rooms.

Our primary use of wireless telemetry is associated with heart patients, although our wireless telemetry system is also used for other types of medical monitoring such as fetal monitoring, and emergency room patient monitoring. As a general matter, our WMTS system allows a single nurse to monitor as many as 20 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, it would have a drastic effect on the overall quality of care provided and may indeed cause life threatening lapses in an episode of care for extremely ill patients. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the

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cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

A handwritten signature in cursive script, reading "Steve Broussard".

Steve Broussard, Director of Support Services





Carondelet Holy Cross. Be well.

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FCC Mail Room

May 27, 2015

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman  
Honorable Mignon Clyburn, Commissioner  
Honorable Jessica Rosenworcel, Commissioner  
Honorable Ajit Pai, Commissioner  
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Facilities at Carondelet St. Joseph's Hospital ("Hospital"). The hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. The Hospital is located in Nogales a relatively rural area in Arizona. The primary hospital building is 1 story tall, and our wireless telemetry system is installed throughout the building, including 25 patient rooms. Our hospital was built in 1960 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used in use in the emergency department. As a general matter, our WMTS system allows a single nurse to monitor as many as 32 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients. Such interference would clearly put patients at risk during the immediate interference

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**Carondelet Holy Cross. Be well.**

incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Jacob Linhart  
Director of Facilities Operations





**SAINT MARY'S REGIONAL  
MEDICAL CENTER**

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Honorable Tom Wheeler, Chairman  
Honorable Mignon Clyburn, Commissioner  
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c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

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Ladies and Gentlemen:

I am the Chief Executive Officer of Saint Mary's Regional Medical Center, Prime healthcare Services – Reno, LLC. Saint Mary's Regional Medical Center is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission, ("FCC") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Garden Grove Hospital is located in the City Garden Grove, California. The primary hospital building is 7 stories tall, and our wireless telemetry system is installed throughout the building. Our hospital was built in 1982 where glass windows are present in all of our patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Vital Signs Cardiac Patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 46 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, any interruption/interference with the monitors could result in the death of the patient, especially with cardiac critical patients. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

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It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

A handwritten signature in cursive script, appearing to read "Helen Lidholm".

Helen Lidholm  
Chief Executive Officer  
Saint Mary's Regional Medical Center  
775-770-3230 O  
775-770-3693 F





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JUN 02 2015

FCC Mail Room

PHYSICIANS FOR HEALTHY HOSPITALS

HEMET VALLEY MEDICAL CENTER

MENIFEE VALLEY MEDICAL CENTER

May 27, 2015

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman  
Honorable Mignon Clyburn, Commissioner  
Honorable Jessica Rosenworcel, Commissioner  
Honorable Ajit Pai, Commissioner  
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary  
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Washington, D.C. 20554

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Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Vice President of Facilities of Hemet Valley Medical Center and Meniffee Valley Medical Center ("Hospital"). Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Our Hospitals are located in Hemet and Meniffee, a relatively suburban area in California. At our Hemet campus, the primary hospital building is 6 stories tall and at the Meniffee campus 4 stories tall. At both our facilities, our wireless



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*A New Era in Healthcare*

1117 East Devonshire Avenue • Hemet, California 92543 • (951) 652-2811



## PHYSICIANS FOR HEALTHY HOSPITALS

HEMET VALLEY MEDICAL CENTER

MENIFEE VALLEY MEDICAL CENTER

telemetry system is installed throughout the building; including 70 patient rooms as high as the 6<sup>th</sup> story of the hospital in Hemet and including 70 patient rooms as high as the 4<sup>th</sup> floor in Menifee. Our hospital in Hemet was built in 1943 and our hospital in Menifee in 1989.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for patients requiring heart monitoring in general. As a general matter, our WMTS system allows a single nurse to monitor as many as 56 patients in the Hemet campus and as many as 70 patients in our Menifee campus. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, this could cause significant gaps in patient care when interruptions occur due to non-medical devices could lead to sentinel events under extreme circumstances. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety



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## PHYSICIANS FOR HEALTHY HOSPITALS

HEMET VALLEY MEDICAL CENTER

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and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Keith Garrison, VP Facilities  
Physician's for Healthy Hospitals, Inc.



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